

West Virginia Medicaid Aged and Disabled Waiver
Quality Improvement Advisory Council Meeting Minutes
July 23, 2019

Attendees:

Mark Fordyce	Stephanie Thorn	Jackie Morley	Carissa Davis
Radene Hinkle	Angela Adkins	Tami Shamblin	Betsy Carpenter
Cecilia Brown	LuAnn Summers	Chip Sovick	
Vanessa VanGilder	Marcus Canaday	Terra Muncy	
John Raby	Randy Hill	Susan Silverman	
Sherry Wooten	Sara Martin	Arlene Hudson	

- I. Welcome. Cecilia Brown welcomed Council members and asked the group to introduce themselves. In addition, the Council's new chair, John Raby and Vice Chair, Mark Fordyce were introduced.
- II. Meeting Minutes. Minutes from the April 2019 meeting were reviewed. Two meeting attendees in April were omitted so the minutes were approved pending those corrections.
- III. Take Me Home (TMH)/Money Follows the Person (MFP) Update. Marcus Canaday gave an update. CMS approved the calendar year 2019 budget for the Money Follows the Person (MFP) demonstration program at the end of June. MFP has been extended for at least a couple additional years. The "new" or extended MFP demonstration program will still be referred to as Take Me Home. Referral rules will be the same, except for 1) people must consent to participate, and 2) the last day in a facility must be paid by Medicaid. If they don't meet these two qualifiers, they can still transition but will not be counted as a TMH transition. The ADW and TBI transition program introduced in January 2019 was initially extended for one year, however, CMS asked for a two-year budget.
- IV. Other sustainability initiatives:
 - a) TeleHealth. Budget was approved at the end of June. They are currently finalizing the Agreement with WVU Home Health to structure the program. This initiative will follow 30 people who transitioned through TMH for six months. Data on blood pressure, blood sugar, weight, falls, etc. will be monitored. At the end of the program, it will be graded to determine whether it was indeed beneficial.
 - b) Online Case Management Pilot. The online CM pilot was launched in March 2019. The purpose of the pilot is to gather data and highlight considerations and recommendations on whether or not a statewide online CM system would be helpful. Quarterly surveys and monthly user calls are done with pilot providers to gather data on their use of and experience with the system.

- c) No Wrong Door. Previous to this incantation of No Wrong Door, some years ago the Bureau of Senior Services had submitted a Plan/Budget for this initiative to WVU Centers for Excellence in Disabilities. Marcus and his group are now working with WVU to revise and prioritize the previous three-year plan. There is money in the budget to work with the original stakeholders and WVU is currently drafting a Scope of Work. This budget was also approved at the end of June 2019.
- V. TMH Post-01/01/2019 Update. Sara Martin gave an update. There have been 165 referrals, 123 Intakes, and 120 Qualifying Determinations year-to-date. There have been 11 transitions this year with 36 closures due to not meeting ADW or housing qualifications. (They can re-apply at any time.) There are 75 Pre-transition Active participants currently in the program.
- VI. Olmstead Update. Carissa Davis, the new Olmstead Coordinator, gave a brief update. One-hundred-thirty-three applications have been approved this year with another 40 to review next week. Mark Fordyce added that Marcus's group has been assisting the Olmstead Council with forms and information so that they can update the Olmstead State Plan.
- VII. End of Year Quality Work Plan (2018-2019). Last years' Plan was reviewed:
 - Goal 1:** To reduce staff issues in the ADW program. This goal is on hold at this time.
 - Goal 2:** To review the mortality review process. Work continues on this goal which will be carried over to this year. CMS is providing additional guidance in this area of Health and Welfare because they want states to make policies and procedures involving reporting, investigating, etc. much more comprehensive and robust.
 - Goal 3:** To increase capacity in the prevention and management of member incidents in the program. As noted at the last meeting, much of this goal has been completed. Cecilia Brown has developed a safety plan for participants with risk of domestic violence which will be presented at the upcoming quarterly provider meeting on August 21, 2019. Two activities that will be carried over and added to the FY2020 Plan include conducting an incident management audit and adding incident management (including unsafe environment) to the Continuing Certification process.
 - Goal 4:** To increase stakeholder input in the program. The Policy Committee continues work on this goal so part of it will be carried over to FY2020. The Computer Assisted Telephone Interview system (CATI) which will be used to conduct the Participant Satisfaction Survey will begin in August 2019 and should be completed prior to the end of September 2019.
 - Goal 5:** To create a conflict free environment for case management per CMS requirement. The Bureau for Medical Services, Bureau of Senior Services and various providers continue work on this CMS mandate, with BMS taking the lead. The Best Practices created as a result of these meetings and discussions will be built into the new ADW Application and Policy Manual.

Goal 6: To increase Health and Welfare monitoring in the provider monitoring process, continuing certification and validation reviews. This goal will also roll over into FY 2020. Any new procedures or processes that come out of this goal will become part of the new ADW Application and Policy Manual. In part though, it will at least include collaboration with other entities including Adult Protective Services, local law enforcement agencies, etc. We will also try to encourage education of providers through use of the Resource Library which is now part of the Learning Management System.

- VIII. Participant Safety Plan. Cecilia Brown developed a Participant Safety Plan which is a one-page document intended to help participants prepare for an emergency due to domestic violence situations. The plan includes prompts for keeping a list of important phone numbers (family member(s), neighbor(s), National Domestic Violence Hotline) and suggestions for keeping items such as clothing, medications, money, credit cards, etc., in a safe place in case they would need to leave their home quickly. Council members offered some suggestions for changes/additions to the form which Cece will incorporate. The Coalition Against Domestic Violence may have information that would be helpful also. (May possibly invite them to present at the upcoming quarterly provider meeting.)

The Council also discussed how these particular cases could be flagged by the provider that would not be visible to the perpetrator. Perhaps have a code or code word on the Plan of Care or at the very least, keep documentation of the situation in the participant's file in the office.

- IX. New FY 2019-2020 Quality Work Plan. Here are items discussed for the FY 2020 Quality Work Plan:

Goal 1. To increase health and welfare within the Service Planning process and incident prevention and planning. Activities within this goal include: ensuring adequate back-up planning, ensuring that Risks identified during Person-centered Assessments are carried over to the Service Plan, ensuring that health care needs are coordinated (including documentation of such) after they have been identified and adding a review of participant incidents at the time of the annual Service Plan meeting.

Council discussion:

- Come up with examples of a few bad or inadequate back-up plans and then show what they should look like;
- Create a list of Emergency numbers per County that can be distributed to agencies. Include accessible shelters;
- Create Back-up Planning work groups. Include rural and urban members, new employees and seasoned professionals in each group;
- Build in a review of Plans – what worked and what did not. An “After Action Review”;
- Eventually link Service Planning to incidents to see if it needs to improve;
- Find mentors among the providers;

- Have Case Managers add a question about the participants current working phone number and emergency contact person to their monthly contacts. Also have participant inform the person that they are the emergency contact.

Goal 2. To increase capacity and capability with the WV Incident Management System (IMS). Activities within this goal include: increasing provider compliance with policy timeframes for incident reporting and follow-up, training on “how to enter an incident”, training on the overall incident management process and emailing all IMS users the IMS Talks and 3-C’s of mortality review.

Council Discussion:

- Compliance is the larger goal. Providers are still not doing follow-up correctly. We are three months into using the new IMS system and we are still out of compliance;
- CMS is stressing: if there are claims of abuse/neglect, did you substantiate it? report it?
- There has been a poor response from providers to improve;
- May need to institute penalties/pay-back/decertification or removing providers from Selection forms as an incentive to improve compliance;
- Should begin to email IMS users directly and include supervisors and directors regarding the poor performance and also offer training;
- Target managers and supervisors with future communication;
- Put more pressure on Directors to ensure compliance. Have regional calls regarding non-compliance issues.

Goal 3. To increase Waiver staff ability to identify, prevent and adequately address unsafe environments. Activities within this goal include: training on the assessment and triage of unsafe environments, adding the Extreme Situations Guide to required training in the new policy manual and establishing a clinical protocol which implements a safety plan for members with a history of domestic violence.

Council Discussion:

- Cece will send out a Fact Sheet/Purchasing Form that outlines boundaries for the participant and their personal attendant for review;
- Perhaps encourage use of gift cards rather than cash for the personal attendant to use when buying groceries, pharmacy items, etc., on behalf of the participant.

Goal 4. To incorporate stakeholder input into the ADW program’s Waiver Application and ADW policy. Activities within this goal include: Add input from the previously held ADW forums and ADW Policy Committee into the new ADW Application and Policy Manual, post the proposed ADW 5-year Application, review comments and make any changes based on stakeholder input and finally, post the draft Policy Manual, review comments and make changes based on stakeholder input.

Council Discussion: This goal has been discussed and is ongoing.

Goal 5. To incorporate the Provider's Plans of Correction into processes to increase compliance and quality improvement. Activities within this goal include: Utilizing the Plan of Care after submitting it, and to strengthen the connection of the Plan of Care to their Quality Management Plan.

Council Discussion:

- Perhaps conduct more provider training;
- Possibly simplify the Plan and/or implement annual Plan approval;
- Implement a process to follow-up with providers to ensure they follow through with the changes they commit to on their Plans of Correction.

Goal 6. To increase Health and welfare within the provider monitoring and certification process. Activities within this goal include: Assess our current process and add CMS's recommended changes and change the new ADW Application and Policy Manual to reflect new processes.

Goal 7. To ensure member complaints are heard and responded to at the provider level. Activities within this goal include: adding an agency Complaint Policy to the Certification requirements in ADW policy and add this item to the provider monitoring process.

Council Discussion:

- Stress to providers that complaints should be handled at the agencies first;
- Perhaps add requirement for an agency Complaint Policy to the monitoring process;
- Define a process for agencies to follow regarding complaints. Designate a person with authority at the agencies to manage complaints.

X. Policy Committee Update. Following is a list of some of the items that have been suggested for the new ADW Application and Policy Manual:

- Limit the number of participant transfers;
- Remove Wellness Scale on Plan of Care;
- Regarding the focus by CMS on incident investigation, perhaps make it a billable action;
- Require a financial deposit for new providers;
- Remove the requirement where providers may only serve contiguous counties;
- Include/add a medical eligibility allowance for those with Alzheimer's or Dementia;
- Remove the reporting requirement for simple incidents;
- Add an Assessment in the self-direction model to see if people need assistance and if so, in what areas;
- Add "Companion Care" services geared mostly towards participants who are unable to participate in Community Activities. Make them billable.
- Define new CMS requirements for incident investigations;

- Add to new Policy Manual that providers can take participants to eye appointments, dental appointments, etc. because they are not reimbursable through Medicaid. This has always been an allowable service, but it is not currently in the Policy Manual;
 - Clarify rules and regulations of providing dual services between the ADW program and the VA.
- XI. EVV Update. Next meeting is July 31, 2019. They are still working on the Request for Proposal (RFP).
- XII. Conflict Free Case Management. Last meeting was July 19, 2019, and they continue to meet every two weeks. The group has narrowed things down to three options, and West Virginia's proposed Plan will be submitted to CMS for approval.
- XIII. ADW Program Update. LuAnn Summers gave a brief update on the ADW program. There are currently 363 people on the Managed Enrollment List (MEL) and one hundred slots were recently released. After calculating the numbers for FY2019, there were 5,783 slots in the original Application. BMS will add 650 slots and amend the Application for FY2020 to 6,433.
- XIV. Certification and Provider Monitoring Process. BMS and BoSS are reviewing all Waivers to try to make agency certifications and monitoring as similar as possible.

With no further business, Mark Fordyce made a motion to adjourn. The motion was seconded by Tami Shamblin.

Next Meeting: October 22, 2019